

10/5/93/9

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						Serial No.	Filing Date						
						Applicant(s)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					51		
2						52					52		
3						53					53		
4						54					54		
5						55					55		
6						56					56		
7						57					57		
8						58					58		
9						59					59		
10						60					60		
11						61					61		
12						62					62		
13						63					63		
14						64					64		
15						65					65		
16						66					66		
17						67					67		
18						68					68		
19						69					69		
20						70					70		
21						71					71		
22						72					72		
23						73					73		
24						74					74		
25						75					75		
26						76					76		
27						77					77		
28						78					78		
29						79					79		
30						80					80		
31						81					81		
32						82					82		
33						83					83		
34						84					84		
35						85					85		
36						86					86		
37						87					87		
38						88					88		
39						89					89		
40						90					90		
41						91					91		
42						92					92		
43						93					93		
44						94					94		
45						95					95		
46						96					96		
47						97					97		
48						98					98		
49						99					99		
50						100					100		
TOTAL IND.	8	↓		↓									
TOTAL DEP.	62	←		←									
TOTAL CLAIMS	67												